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## Court Force Handbook

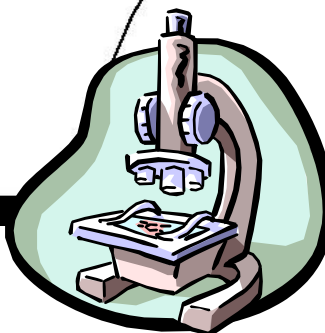
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## MISSOURI HANDBOOK FOR OFFICERS OF THE COURT

### Court Commitment of Tuberculosis Patients



Missouri Department of Health and Senior Services  
 Section for Communicable Disease Prevention  
 930 Wildwood  
 Jefferson City, Mo. 65109  
 Phone 573-751-6114 • Fax 573-526-0234  
[www.dhss.mo.gov](http://www.dhss.mo.gov)  
 April 2005



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## Introduction


Missouri statutes have been developed to meet the need for more comprehensive and specific TB control measure to:

- Help ensure that potentially infectious TB cases are made noninfectious as quickly as possible
- Help ensure that TB cases complete a prescribed regimen
- Prevent the emergence and spread of multidrug-resistant TB (MDR-TB).

When infectious TB patients are not complying with treatment regimens or following other protocols to ensure that they do not infect others, public health agencies must consider committing them to a facility that provides treatment. Committing an infectious TB patient to a treatment facility requires collaboration between courts and public health agencies to minimize the spread of TB. This collaboration assures TB cases are made non-infectious as quickly as possible.

This manual shows how the courts can assure the public's health by restricting movements of infectious persons. It contains sample of documents that can be used during the commitment process, a fact sheet on tuberculosis for officers of the court and transporters of TB patients, definitions, as well as Missouri statutes and regulations that pertain to TB.



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## SAMPLE DOCUMENTS AND THE COMMITMENT PROCESS

*Sample forms and guidelines that can be used in the commitment process are provided in the handbook. The following outline describes the process and when to use the forms.*

### I. TB patient is identified.

The patient responsibility notification(9.2.1) is completed. The local public health agency (LPHA) initiates this notification when the patient is identified. At this time, the nurse informs the patient of their responsibility to adhere to the treatment plan. The nurse also informs the patient that they could be involuntarily committed to Missouri Rehabilitation Center for treatment if they do not follow the plan.

### II. TB patient is not complying with treatment plan.

If the patient does not comply with the treatment plan (not taking medications, not making appointments for directly observed therapy [DOT], not appearing for doctor's follow-up appointments, etc.) or if they are infectious and refuse to stay at home or wear a mask, the nurse informs the director of the LPHA who prepares and sends a warning letter (9.2.2) to the patient.


### III. TB patient still is not complying with the treatment plan.

If the patient is still not complying with the treatment plan after about two weeks, or if an infectious patient is not complying with orders to stay at home and wear a mask when appropriate, the LPHA prepares an affidavit (9.2.3). The LPHA also notifies Department of Health and Senior Services (DHSS), which prepares the certification (9.2.4) for the nurse. The nurse collects all the available documentation of noncompliance. The evidentiary tuberculosis information sheet for attorneys (9.2.5) lists difference types of appropriate evidence. The certification states that the records that are transferred from DHSS are bona fide records. The nurse then contacts the prosecuting attorney and sends all of the documentation.

### IV. The prosecuting attorney at this point will prepare the petition (9.2.6) to the court and present it to the court for a hearing date.

### V. The petition is also used for 96-hour emergency commitment. Emergency commitment is utilized when there is a very contagious noncompliant individual while the normal court date for commitment is being scheduled.



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### **Tuberculosis (TB) Patient Responsibilities Notification**

I, \_\_\_\_\_ (patient's name), understand I have been diagnosed with tuberculosis and that I have the following responsibilities in regards to my condition and treatment.

- That while infectious I must remain at home (including not working or attending school) so I will not spread TB bacteria to other people.
- If I must leave my home or I have guest into my home I must wear the protective mask provided to me.
- That I will be placed on several different medications for the next several months and that this medication must be taken exactly as the doctor or nurse has instructed me to take it.
- That while on these medications I will be participating in Directly Observed Therapy (DOT) and must be available to the health care worker at the time and place we agreed upon to receive my medications.
- That while taking these medications I will report any serious side effects to my doctor or nurse. These side effects include:

No Appetite	Tingling or Numbness Around the Mouth
Nausea	Easy Bruising
Vomiting	Blurred Vision
Yellowish Skin or Eyes	Ringling in the Ears
Fever for 3 or More Days	Hearing Loss
Abdominal Pain	Dizziness
Tingling fingers or toes	Aching Joints
Skin Rash	Easy Bleeding

- That I must keep all scheduled appointments.

I understand that my failure to comply with these responsibilities could result in prolonging my illness and pose a health risk to others as long as I remain infectious.

By my signature below I certify that my responsibilities in regards to my treatment for tuberculosis and the consequences of not meeting my responsibilities have been explained to me and that I understand these responsibilities. I further certify that my failure to meet these responsibilities could result in my involuntary hospitalization pursuant to § 199.180 of the Missouri Revised Statues.

\_\_\_\_\_  
(Signature of Patient)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Witnessed By)


\_\_\_\_\_  
(Date Signed)

I was present when the above was read to \_\_\_\_\_

\_\_\_\_\_  
(Witnessed By)

\_\_\_\_\_  
(Date Signed)



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(Date)

Name

Street

City, MO Zip

Dear Mr/Mrs/Ms. \_\_\_\_\_:

I have been informed by \_\_\_\_\_(health care worker), in accordance with Section 192.067 of the Missouri Revised Statutes and 19 CSR 20-20.020, that you have been diagnosed as having tuberculosis disease as confirmed by \_\_\_\_\_. You were placed on notice on \_\_\_/\_\_\_/\_\_\_(date) that you have been diagnosed with tuberculosis disease and were given notice of your responsibilities and obligations as a result, including the need to follow your prescribed treatment plan. You acknowledged on \_\_\_/\_\_\_/\_\_\_(date), by signing the “Tuberculosis Patient Responsibilities Notification”, that you understood your responsibilities and the importance of your compliance with these responsibilities and obligations.

You have indicated to \_\_\_\_\_/ our records indicate that you are now unable/ unwilling to adhere to your prescribed treatment plan. As a result, you pose a risk to the public health of others. Continued failure/ refusal to comply with the prescribed course of treatment will result in you remaining in a continued infectious state, thereby exposing other persons to danger of infection.

This letter is to place you on notice that you must complete treatment as prescribed by your physician. If you continue to fail to comply with the prescribed treatment, then pursuant to Section 199.180 of the Missouri Revised Statutes, the Board of Public Health may file a Petition with the Circuit Court, seeking to have you committed to a specified facility, where you will remain confined for the period of your treatment.

This agency will continue to work with you and your physician to provide such assistance as is reasonably appropriate to facilitate the completion of your prescribed treatment plan. If you have any questions, please call (\_\_\_\_)\_\_\_\_-\_\_\_\_\_.


Dated at \_\_\_\_\_, Missouri on \_\_\_\_\_.

LPHA Director’s Signature

Title

Town, Missouri



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STATE OF MISSOURI            )  
   ) ss.  
 County of \_\_\_\_\_        )

### AFFIDAVIT

I, Florence Nightingale, of lawful age and being first duly sworn do hereby state the facts contained in the Affidavit are true to my best knowledge, information and belief.

That I am presently licensed as a (List license R.N., M.D. etc.) in the State of \_\_\_\_\_. As a part of my education, training and experience in the health care field, I have worked closely with patients who were treated for active tuberculosis. Additionally, I have \_\_\_\_\_ years experience in the area of treatment of persons with tuberculosis. I am currently employed at (list treatment facility/or department), located in (list city and county).

Amy Jones is a patient at the (list facility where the patient is being treated). Further during treatment and testing of Amy Jones, she was diagnosed as having active tuberculosis. The basis of the diagnosis of active tuberculosis was:

(Here list the relevant diagnosis information) Example:

1. An abnormal x-ray.
2. A positive smear report indicating acid-fast bacilli (AFB). Attached Exhibit
3. A culture report of the sputum of Amy Jones showing AFB was present. Attached as Exhibit 2.

During the treatment of Amy Jones, Ms Jones was advised of the responsibilities of a tuberculosis patient as evidenced by the Patient Responsibilities Notification form signed by Amy Jones on (list date), a copy of which is attached to this affidavit and incorporated herein by reference. Attached as Exhibit 3.

Further, Amy Jones has refused to follow the treatment plans as outlined for her by her treating physicians. By failing to follow the treatment plans, Amy Jones is creating a health risk to herself and the general population at large. Moreover, if Amy Jones is not ordered to follow a prescribed treatment plan (list here results of her failure to follow the plan and any other relevant information you may have to show why the court should issue it's order).


\_\_\_\_\_  
 Florence Nightingale

On this \_\_\_\_\_ Day of \_\_\_\_\_ in the year 200\_\_ before me, Ima Friend (name of notary), a Notary Public in and for said state, personally appeared Florence Nightingale (name of individual), known to me to be the person who executed the within Affidavit, and acknowledged to me that she executed the same for the purposes therein stated.

\_\_\_\_\_  
 Ima Friend, Notary Public

(Notary Seal or Stamp)



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## CERTIFICATION

STATE OF MISSOURI        )  
   )ss  
 COUNTY OF COLE         )

## CERTIFICATION

Before me, the undersigned authority, personally appeared Mary Menges, Administrator for the Section for Communicable Disease Prevention, Missouri Department of Health and Senior Services, who, being by me duly sworn and deposed, states as follows:

My name is Mary Menges. I am of sound mind, capable of making this certification, and personally acquainted with the facts herein stated:

I am the custodian of records for the Section for Communicable Disease Prevention, Missouri Department of Health and Senior Services. Attached hereto are records consisting of \_\_\_\_\_ pages which comprise reports relating to sputum examinations for \_\_\_\_\_. These records are kept by the Section for Communicable Disease Prevention, Missouri Department of Health and Senior Services in the regular course of business, and it was the regular course of business of the Section for Communicable Disease Prevention, Missouri Department of Health and Senior Services' representatives, with knowledge of the act or event recorded to make the record or to transmit information thereof to be included in such record; and the record was made at or near the time of the act or event. The records attached hereto are exact duplicates of the originals.


\_\_\_\_\_  
 Mary T. Menges, Administrator  
 Section for Communicable Disease Prevention  
 Missouri Department of Health and Senior Services

In witness whereof I have hereunto subscribed my name and affixed my official seal this \_\_\_\_ day of \_\_\_\_\_, 2002.

\_\_\_\_\_  
 Notary Public

My commission expires:



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## **EVIDENTIARY TUBERCULOSIS INFORMATION SHEET FOR ATTORNEYS**

### **EVIDENCE OF CONTAGIOUSNESS**

#### **Smear report**

- The results from the smear will be available in about 24 hours after it reaches the laboratory.
- This is derived from a sample of sputum collected from the patient. This indicates that AFB (acid-fast bacilli) is present).
- There are many different kinds of AFB and Tuberculosis is one.
- TB is the only AFB that is contagious from person to person.
- Positive AFB smear reports will have a +1, +2, +3 or +4 on them. With +4 indicating the highest degree of contagiousness.
- After the patient has been on treatment for a couple of weeks the numbers on the AFB smear reports should begin to decrease until there is no AFB present.

#### **Culture report**

- This is the final report on the sputum and may take from 2 to 6 weeks to get the results
- It identifies which AFBs are present
- Tuberculosis culture reports that have tuberculosis identified are said to be positive. Culture reports that do not identify tuberculosis are said to be negative.
- It is the only way to confirm the diagnosis of Tuberculosis
- Cultures reports like the AFB smear reports will have +1, +2, +3, or +4. The person that has a +4 culture report is considered to be the highest degree of contagiousness.
- A person with tuberculosis receiving treatment should have negative culture reports within one to three months after treatment is started.


#### **Sensitivity report**

- Medications used to treat patients are tested to see if these particular TB germs can be eliminated with these medicines.
- If the germs can be eliminated using the medicines listed it will say TB germs are sensitive to each medicine.
- If the germs cannot be eliminated by using these medicines the report will say they are resistant to the medicine

#### **X-ray reports**

- Most people who have active TB will have abnormal chest x-ray findings.
- Most abnormal findings will be in the upper lobes of the lungs, but not always
- Chest x-ray should improve after patient has been on treatment and taking medication as ordered



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#### Documented skin test conversions among contacts

- Contacts are people who have spent a significant amount of time with the person with TB
- Contacts who have a PPD (TB skin test) reaction that is measured 5mm or greater is said to have a skin test conversion.
- Skin test conversion on contacts indicates that the person with TB is contagious and is infecting others with TB

#### PE (physical exam)

- If the doctor suspects the person has TB he often will write “suspected TB” and list reasons for this suspected diagnosis. Example: Patient is experiencing night sweats, has lost 30 pounds in two months, low grade fever and has a productive cough for 2 months, and his wife had active Tuberculosis about 5 years ago. He has a positive PPD.

### **EVIDENCE OF NON-COMPLIANCE OR POTENTIAL FOR NON-COMPLIANCE**

#### Missed clinic appointments

- Indicates that patient is not following up as instructed and there may be a multitude of reasons for this.


#### Missed medication dosages

- This is real important because TB germs can rapidly become resistant to the medicines treating TB if they are not adhered to exactly as prescribed.

#### Psychosocial Concerns:

- Homelessness- if the person has no home they may wander from place to place increasing the number of people they infect. The nurse may not be able to locate the patient to give the medicine, thus increasing chances of missed doses and prolonging time of contagiousness.
- Alcoholism – When alcohol is consumed while taking TB medicines it increases the chances of liver damage. When liver dysfunction occurs it makes treating TB extremely difficult.
- If a person is drunk it also increases the chances of not taking the medicine as prescribed.
- If a person is drunk it also increases the risk that isolation from other people will not be maintained and the person will not use precautions such as covering their mouth when coughing, etc.



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### EVIDENCE OF PROBLEMS MAINTAINING ISOLATION

- Homelessness – the person will not have a place to stay away from other people. Also, the person may not be able to stay warm or cool or dry thus increasing the possibility of developing other illnesses.


#### Young Children in Home

- Young children who become infected with TB germs have a much higher risk of rapidly developing TB disease and often develop TB meningitis.

### EVIDENCE OF EDUCATION PROVIDED TO PATIENT

- Medication information including dosages
- Information on isolation contagiousness
- Potential for drug resistance
- This information should be found in the nursing notes in the patient's county health department record. This shows that the patient has been informed of what should be done and what can happen if this information isn't followed.



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## PETITION

IN THE CIRCUIT COURT OF \_\_\_\_\_, COUNTY  
STATE OF MISSOURI

_____ COUNTY	)	
PUBLIC HEALTH DEPARTMENT,	)	
Petitioner	)	Case No.
_____	)	
v.	)	
_____	)	
Respondent.	)	


## PETITION FOR COMMITMENT

Petitioner the \_\_\_\_\_ County Public Health Department, by and through its attorney \_\_\_\_\_, states and alleges as follows:

1. Respondent (individual), a \_\_\_\_\_ male/female, age \_\_\_\_\_, is a person with active tuberculosis, as demonstrated by the following clinical, bacteriological or radiological evidence:\_\_\_\_\_.( or is a person who is a potential transmitter of tuberculosis, in that he/she has the diagnosis of pulmonary tuberculosis as of (date/ place of diagnosis), but has not begun a recommended course of therapy, or having begun a recommended course of therapy, has not completed the therapy.)

2. Respondent is conducting himself/herself in such a manner as to expose other persons to danger of infection, in that respondent is violating the rules, regulations, instructions or orders promulgated by the Department of Health and Senior Services or this Board of Public Health by: \_\_\_\_\_(set forth ways in which respondent is violating rules, etc.)\_\_\_\_\_.



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3. Respondent has been previously directed by this Board of Public Health to comply with such rules, regulations, instructions or orders, but respondent has refused and continues to refuse to so comply.

4. (Set forth any other relevant facts or special circumstances here.)

5. Respondent resides at \_\_\_\_\_, in \_\_\_\_\_ County, Missouri. (or Respondent is a nonresident or has no fixed place of abode, but may be found at \_\_\_\_\_ in \_\_\_\_\_ County.)


6. Section 199.180 of the Revised Missouri Statutes provides that when a person with active tuberculosis (or a person who is a potential transmitter) violates the rules, regulations, instructions, or orders promulgated by the department of health and senior services or the local board, and is thereby conducting himself or herself so as to expose other persons to danger of infection, after having been directed by the local board to comply with such rules, regulations, instructions or orders, the local board may institute proceedings by petition for commitment in the circuit court of the county in which such person resides, or if a nonresident or has not fixed place of abode, where such person may be found.

7. Public health requires the commitment of respondent so that he/she is no longer a risk to himself/herself or other members of the public.

8. Due to the public health risk, petitioner also asks this Court to order that respondent be ordered to wear a mask during all times that respondent is being transported by public transportation, such as a taxi, or by police, to the place of commitment.

Wherefore, Petitioner \_\_\_\_\_ Board of Public Health prays this Court for its Order committing respondent \_\_\_\_\_ to a facility designated



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by The Curators of the University of Missouri until such time as the director of the facility determines that respondent no longer has active tuberculosis or that respondent's discharge will not endanger public health, in accordance with Section 199.230 of the Missouri Revised Statutes, further ordering that respondent be required to wear a mask during any times in which respondent is being transported by public vehicle or by the police to the place of commitment, and for such other relief as this Court deems just and proper.

Respectfully submitted,

\_\_\_\_\_  
Attorney for Petitioner  
(Address)

### Verification of Health Care Provider

State of Missouri )  
 ) ss.  
County of \_\_\_\_\_ )

The undersigned, being duly sworn on his/her oath, states that he/she is a health care provider licensed in the State of Missouri; that he/she has reviewed the foregoing Petition for Commitment, and is familiar with the facts of this matter; and that the statements and matters alleged in the Petition for Commitment are true to the best of his/her knowledge and belief.


\_\_\_\_\_  
Name Date

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

My commission expires:



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## DEFINITIONS OF TERMS IN THIS GUIDE

**Active Tuberculosis** - tuberculosis disease that is demonstrated to be contagious by clinical, bacteriological, or radiological evidence. Tuberculosis is considered active until cured;

**Cavity** - a hole in the lung resulting from the destruction of pulmonary tissue by TB or other pulmonary infections or conditions. TB patients who have cavities in their lungs are referred to as having cavitory disease, and they are often more infectious than TB patients without cavitory disease.

**Culture** - the process of growing bacteria in the laboratory so that organisms can be identified.

**Cure/treatment to cure** - the completion of a recommended course of therapy as defined in subdivision (5) of this section and as determined by the attending physician;

**Directly Observed Therapy (DOT)**, - an adherence-enhancing strategy in which a health care worker or other designated person watches the patient swallows each dose of medication.

**TB Infection** - a condition in which living tubercle bacilli are present in the body but the disease is not active. Infected persons usually have positive tuberculin reactions, but they have no symptoms related to the infection and are not infectious. However, infected persons remain at lifelong risk of developing disease unless preventive therapy is given.

**Local board** - any legally constituted local city or county board of health or health center board of trustees or the director of health of the city of Kansas City, the director of the Springfield-Greene County health department, the director of health of St. Louis County or the commissioner of health of the City of St. Louis, or in the absence of such board, the county commission or the county board of tuberculosis hospital commissioners of any county;

**N95** - a personal respiratory protection mask that does not allow for tuberculosis bacteria to enter from the atmosphere or exit the patient into the atmosphere.


**Potential Transmitter** - any person who has the diagnosis of pulmonary tuberculosis but has not begun a recommended course of therapy, or who has the diagnosis of pulmonary tuberculosis and has started a recommended course of therapy but has not completed the therapy. This status applies to any individual with tuberculosis, regardless of his or her current bacteriologic status;

**Recommended Course of Therapy** - a regimen of antituberculosis chemotherapy in accordance with medical standards of the American Thoracic Society and the Centers for Disease Control and Prevention.

**Smear** - a laboratory technique for visualizing mycobacteria. The specimen is smeared onto a slide and stained, then examine using a microscope.

**Sputum** - phlegm coughed up from deep within the lungs.



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**Missouri Revised Statutes**  
**Chapter 192**  
**Department of Health and Senior Services**  
**Section 192.005**

August 28,  
2002

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**Department of health and senior services created--division of health abolished--duties.**

192.005. There is hereby created and established as a department of state government the "Department of Health and Senior Services". The department of health and senior services shall supervise and manage all public health functions and programs. The department shall be governed by the provisions of the Omnibus State Reorganization Act of 1974, Appendix B, RSMo, unless otherwise provided in sections 192.005 to 192.014. The division of health of the department of social services, chapter 191, RSMo, this chapter, and others, including, but not limited to, such agencies and functions as the state health planning and development agency, the crippled children's service, chapter 201, RSMo, the bureau and the program for the prevention of mental retardation, the hospital subsidy program, chapter 189, RSMo, the state board of health, section 191.400, RSMo, the student loan program, sections 191.500 to 191.550, RSMo, the family practice residency program, sections 191.575 to 191.590, RSMo, the licensure and certification of hospitals, chapter 197, RSMo, the Missouri chest hospital, sections 199.010 to 199.070, RSMo, are hereby transferred to the department of health and senior services by a type I transfer, and the state cancer center and cancer commission, chapter 200, RSMo, is hereby transferred to the department of health and senior services by a type III transfer as such transfers are defined in section 1 of the Omnibus State Reorganization Act of 1974, Appendix B, RSMo Supp. 1984. The provisions of section 1 of the Omnibus State Reorganization Act of 1974, Appendix B, RSMo Supp. 1984, relating to the manner and procedures for transfers of state agencies shall apply to the transfers provided in this section. The division of health of the department of social services is abolished.

(L. 1985 S.B. 25 § 1, A.L. 1993 S.B. 52)

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**Missouri Revised Statutes**  
**Chapter 192**  
**Department of Health and Senior Services**  
**Section 192.067**  
 August 28, 2002


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**Patients' medical records, department may receive information from --purpose-- confidentiality--immunity for persons releasing records, exception--penalty--costs, how paid.**

- 192.067. 1. The department of health and senior services, for purposes of conducting epidemiological studies to be used in promoting and safeguarding the health of the citizens of Missouri under the authority of this chapter is authorized to receive information from patient medical records.
2. The department shall maintain the confidentiality of all medical record information abstracted by or reported to the department. Medical information secured pursuant to the provisions of subsection 1 of this section may be released by the department only in a statistical aggregate form that precludes and prevents the identification of patient, physician, or medical facility except that medical information may be shared with other public health authorities and coinvestigators of a health study if they abide by the same confidentiality restrictions required of the department of health and senior services. The department of health and senior services, public health authorities and coinvestigators shall use the information collected only for the purposes provided for in this section.
3. No individual or organization providing information to the department in accordance with this section shall be deemed to be or be held liable, either civilly or criminally, for divulging confidential information unless such individual organization acted in bad faith or with malicious purpose.
4. The department of health and senior services is authorized to reimburse medical care facilities, within the limits of appropriations made for that purpose, for the costs associated with abstracting data for special studies.
5. Any department of health and senior services employee, public health authority or coinvestigator of a study who knowingly releases information which violates the provisions of this section shall be guilty of a class A misdemeanor and, upon conviction, shall be punished as provided by law.

(L. 1988 H.B. 1134 § 3)     Effective 5-4-88



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**Missouri Revised Statutes**  
**Chapter 199**  
**Rehabilitation Center--Head Injury--Tuberculosis Testing**  
**Section 199.170**

August 28, 2002

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**Definitions.**


199.170. The following terms, as used in sections 199.170 to 199.270, mean:

- (1) "Active tuberculosis", tuberculosis disease that is demonstrated to be contagious by clinical, bacteriological, or radiological evidence. Tuberculosis is considered active until cured;
- (2) "Cure" or "treatment to cure", the completion of a recommended course of therapy as defined in subdivision (5) of this section and as determined by the attending physician;
- (3) "Local board", any legally constituted local city or county board of health or health center board of trustees or the director of health of the city of Kansas City, the director of the Springfield-Greene County health department, the director of health of St. Louis County or the commissioner of health of the City of St. Louis, or in the absence of such board, the county commission or the county board of tuberculosis hospital commissioners of any county;
- (4) "Potential transmitter", any person who has the diagnosis of pulmonary tuberculosis but has not begun a recommended course of therapy, or who has the diagnosis of pulmonary tuberculosis and has started a recommended course of therapy but has not completed the therapy. This status applies to any individual with tuberculosis, regardless of his or her current bacteriologic status;
- (5) "Recommended course of therapy", a regimen of antituberculosis chemotherapy in accordance with medical standards of the American Thoracic Society and the Centers for Disease Control and Prevention.

(L. 1961 p. 518 § 1, A.L. 1986 H.B. 1554 Revision, A.L. 1990 H.B. 1739 merged with S.B. 742, A.L. 1999 H.B. 721 merged with S.B. 261, A.L. 2001 S.B. 266)

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**Missouri Revised Statutes**  
**Chapter 199**  
**Rehabilitation Center--Head Injury--Tuberculosis Testing**  
**Section 199.180**

August 28, 2002

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**Local health agency may institute proceedings for commitment --emergency temporary commitment permitted, when.**

199.180. 1. A person found to have tuberculosis shall follow the instructions of the local board, shall obtain the required treatment, and shall minimize the risk of infecting others with tuberculosis.


2. When a person with active tuberculosis, or a person who is a potential transmitter, violates the rules, regulations, instructions, or orders promulgated by the department of health and senior services or the local board, and is thereby conducting himself or herself so as to expose other persons to danger of infection, after having been directed by the local board to comply with such rules, regulations, instructions, or orders, the local board may institute proceedings by petition for commitment, returnable to the circuit court of the county in which such person resides, or if the person be a nonresident or has no fixed place of abode, then in the county in which the person is found. Strictness of pleading shall not be required and a general allegation that the public health requires commitment of the person named therein shall be sufficient.

3. If the board determines that a person with active tuberculosis, or a person who is a potential transmitter, poses an immediate threat by conducting himself or herself so as to expose other persons to an immediate danger of infection, the board may file an ex parte petition for emergency temporary commitment pursuant to subsection 5 of section 199.200.

(L. 1961 p. 518 § 2, A.L. 1990 H.B. 1739 merged with S.B. 742, A.L. 1999 H.B. 721 merged with S.B. 261, A.L. 2001 S.B. 266)

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**Rehabilitation Center--Head Injury--Tuberculosis Testing**  
**Section 199.190**

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**Patients not to be committed, when.**

199.190. No potential transmitter who in his home or other place obeys the rules and regulations of the department of health and senior services for the control of tuberculosis or who voluntarily accepts care in a tuberculosis institution, sanatorium, hospital, his home, or other place and obeys the rules and regulations of the department of health and senior services for the control of contagious tuberculosis shall be committed under the provisions of sections 199.170 to 199.270.

(L. 1961 p. 518 § 8, A.L. 1990 H.B. 1739 merged with S.B. 742)

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**Missouri Revised Statutes**  
**Chapter 199**  
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**Section 199.200**

August 28, 2002


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**Procedure in circuit court--duties of local prosecuting officers --costs--emergency temporary commitment, procedures.**

199.200. 1. Upon filing of the petition, the court shall set the matter down for a hearing either during term time or in vacation, which time shall be not less than five days nor more than fifteen days subsequent to filing. A copy of the petition together with summons stating the time and place of hearing shall be served upon the person three days or more prior to the time set for the hearing. Any X-ray picture and report of any written report relating to sputum examinations certified by the department of health and senior services or local board shall be admissible in evidence without the necessity of the personal testimony of the person or persons making the examination and report.

2. The prosecuting attorney or the city attorney shall act as legal counsel for their respective local boards in this proceeding and such authority is hereby granted. The court shall appoint legal counsel for the individual named in the petition if requested to do so if such individual is unable to employ counsel.



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3. All court costs incurred in proceedings under sections 199.170 to 199.270, including examinations required by order of the court but excluding examinations procured by the person named in the petition, shall be borne by the county in which the proceedings are brought.

4. Summons shall be served by the sheriff of the county in which proceedings under sections 199.170 to 199.270 are initiated and return thereof shall be made as in other civil cases.

5. Upon the filing of an ex parte petition for emergency temporary commitment pursuant to subsection 3 of section 199.180, the court shall hear the matter within ninety-six hours of such filing. The local board shall have the authority to detain the individual named in the petition pending the court's ruling on the ex parte petition for emergency temporary commitment. If the petition is granted, the individual named in the petition shall be confined in a facility designated by the curators of the University of Missouri in accordance with section 199.230 until a full hearing pursuant to subsections 1 to 4 of this section is held.

(L. 1961 p. 518 § 3, A.L. 2001 S.B. 266)

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**Missouri Revised Statutes**  
**Chapter 199**  
**Rehabilitation Center--Head Injury--Tuberculosis Testing**  
**Section 199.210**

August 28, 2002


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**Rights of patient, witnesses--order of court--transportation costs.**

199.210. 1. Upon the hearing set in the order, the individual named in the order shall have a right to be represented by counsel, to confront and cross-examine witnesses against him, and to have compulsory process for the securing of witnesses and evidence in his own behalf. The court may in its discretion call and examine witnesses and secure the production of evidence in addition to that adduced by the parties; such additional witnesses being subject to cross-examination by either or both parties.

2. Upon a consideration of the petition and evidence, if the court finds that the person named in the petition is a potential transmitter and conducts himself so as to be a danger to the public health, an order shall be issued committing the individual named in the petition to a facility designated by the curators of the University of Missouri and directing the sheriff to take him into custody and deliver him to the facility. If the court does not so find, the petition shall be dismissed. The cost of transporting the person to the facility designated by the curators of the University of Missouri shall be paid out of general county funds.



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(L. 1961 p. 518 § 4, A.L. 1971 H.B. 581, A.L. 1985 S.B. 19, A.L. 1990 H.B. 1739 merged with S.B. 742, A.L. 1996 S.B. 540)

Effective 7-1-96

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**Missouri Revised Statutes**  
**Chapter 199**  
**Rehabilitation Center--Head Injury--Tuberculosis Testing**  
**Section 199.220**

August 28, 2002

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**Order appealable.**

199.220. The order shall be subject to review at the instance of either party, as in other civil cases.

(L. 1961 p. 518 § 5)

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**Missouri Revised Statutes**  
**Chapter 199**  
**Rehabilitation Center--Head Injury--Tuberculosis Testing**  
**Section 199.230**

August 28, 2002


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**Confinement on order, duration.**

199.230. Upon commitment, the patient shall be confined in a facility designated by the curators of the University of Missouri until such time as the director of the facility determines that the patient no longer has active tuberculosis or that the patient's discharge will not endanger public health.

(L. 1961 p. 518 § 6, A.L. 1971 H.B. 581, A.L. 1985 S.B. 19, A.L. 1996 S.B. 540, A.L. 1999 H.B. 721 merged with S.B. 261)



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**Section 199.240**

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**Consent required for medical or surgical treatment.**

199.240. No person committed to a facility designated by the curators of the University of Missouri under sections 199.170 to 199.270 shall be required to submit to medical or surgical treatment without his consent, or, if incapacitated, without the consent of his legal guardian, or, if a minor, without the consent of a parent or next of kin.

(L. 1961 p. 518 § 9, A.L. 1971 H.B. 581, A.L. 1983 S.B. 44 & 45, A.L. 1985 S.B. 19, A.L. 1996 S.B. 540)

Effective 7-1-96

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**Missouri Revised Statutes**  
**Chapter 199**  
**Rehabilitation Center--Head Injury--Tuberculosis Testing**  
**Section 199.250**

August 28, 2002

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**Facilities to be provided for tuberculosis testing, costs, how paid.**

199.250. 1. The department of health and senior services may, by agreement with the curators of the University of Missouri, contract for such facilities at the Missouri rehabilitation center as are necessary to carry out the functions of the tuberculosis testing laboratory and may employ personnel as are necessary for the operation of such laboratory.

2. The expenses incurred in the operation of the tuberculosis testing laboratory at the rehabilitation center or elsewhere shall be paid from state or federal or other funds appropriated for the maintenance and operation of the tuberculosis testing laboratory.

(L. 1961 p. 518 §§ 10, 11, A.L. 1971 H.B. 581, A.L. 1985 S.B. 19, A.L. 1991 H.B. 218 merged with S.B. 125 & 341, A.L. 1996 S.B. 540)



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**Missouri Revised Statutes**  
**Chapter 199**  
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**Section 199.260**

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**Apprehension and return of patient leaving rehabilitation center without discharge.**

199.260. Any person committed under the provisions of sections 199.170 to 199.270 who leaves the facility designated by the curators of the University of Missouri without having been discharged by the director of the facility or other officer in charge or by order of court shall be taken into custody and returned thereto by the sheriff of any county where such person may be found, upon an affidavit being filed with the sheriff by the director of the facility, or duly authorized officer in charge thereof, to which the person had been committed.

(L. 1961 p. 518 § 12, A.L. 1971 H.B. 581, A.L. 1985 S.B. 19, A.L. 1996 S.B. 540)

Effective 7-1-96

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**Missouri Revised Statutes**  
**Chapter 199**  
**Rehabilitation Center--Head Injury--Tuberculosis Testing**  
**Section 199.270**


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**Proceedings for release of patient.**

199.270. Any time after commitment, the patient or any friend or relative having reason to believe that such patient no longer has contagious tuberculosis or that his discharge will not endanger public health, may institute proceedings by petition, in the circuit court of the county wherein the confinement exists, whereupon the court shall set the matter down for a hearing before him within fifteen days requiring the person or persons to whose care the patient was committed to show cause on a day certain why the patient should not be released. The court shall also require that the patient be allowed the right to be examined prior to the hearing by a licensed



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physician of his own choice, if so desired, and at his own personal expense. Thereafter all proceedings shall be conducted the same as on the proceedings for commitment with the right of appeal by either party as herein provided; provided, however, such petition for discharge shall not be brought or renewed oftener than once every six months.

(L. 1961 p. 518 § 7)

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**Missouri Revised Statutes**  
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**Section 199.350**

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**Nursing homes and correctional centers, authority to promulgate rules for testing.**

199.350. The department shall have the authority to promulgate rules and regulations which require the preadmission testing for tuberculosis of all residents in nursing homes in the state and the annual testing of all health care workers and volunteers in nursing homes in the state, and residents and staff of state correctional centers. The department shall annually issue screening guidelines on other groups determined by the department to be at high risk for tuberculosis.

(L. 1992 S.B. 511 & 556 § 2)

\*Transferred 1994; formerly 198.041

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**Missouri Regulation Regarding Tuberculosis**


**19 CSR 20-20—DEPARTMENT OF HEALTH AND SENIOR SERVICES**

**Division 20—Division of Environmental Health and Communicable Disease Prevention**

**19 CSR 20-20.020 Reporting Communicable, Environmental and Occupational Diseases**

**PURPOSE:** This rule designates the diseases, disabilities, conditions and findings that must be reported to the local health authority or the Department of Health. It also establishes when they must be reported



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.PUBLISHER’S NOTE: The publication of the full text of the material that the adopting agency has incorporated by reference in this rule would be unduly cumbersome or expensive. Therefore, the full text of that material will be made available to any interested person at both the Office of the Secretary of State and the office of the adopting agency, pursuant to section 536.031.4, RSMo. Such material will be provided at the cost established by state law.

(1) Category I diseases or findings shall be reported to the local health authority or to the Department of Health within twenty-four (24) hours of first knowledge or suspicion by telephone, facsimile or other rapid communication. Category I diseases or findings are—


(A) Diseases, findings or agents that occur naturally or from accidental exposure:

Diphtheria  
Haemophilus influenza, invasive disease  
Hantavirus pulmonary syndrome  
Hepatitis A  
Hyperthermia  
Hypothermia  
Influenza, suspected—nosocomial outbreaks and public or private school closures  
Lead (blood) level greater than or equal to forty-five micrograms per deciliter (=45:g/dl)  
in any person equal to or less than seventy-two (=72) months of age  
Measles (rubeola)  
Meningococcal disease, invasive  
Outbreaks or epidemics of any illness, disease or condition that may be of public health concern  
Pertussis  
Poliomyelitis  
Rabies, animal or human  
Rubella, including congenital syndrome  
Staphylococcus aureus, vancomycin resistant  
Syphilis, including congenital syphilis  
Tuberculosis disease  
Typhoid fever

(B) Diseases, findings or agents that occur naturally or that might result from a terrorist attack involving biological, radiological, or chemical weapons:

Adult respiratory distress syndrome  
(ARDS) in patients under 50 years of age (without a contributing medical history)  
Anthrax  
Botulism  
Brucellosis  
Cholera  
Encephalitis, Venezuelan equine  
Glanders  
Hemorrhagic fever (e.g., dengue, yellow fever)




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Plague  
 Q fever  
 Ricin  
 Smallpox (variola)  
 Staphylococcal enterotoxin B  
 T-2 mycotoxins  
 Tularemia

(2) Category II diseases or findings shall be reported to the local health authority or the Department of Health within three (3) days of first knowledge or suspicion. Category II diseases or findings are—

Acquired immunodeficiency syndrome (AIDS)  
 Arsenic poisoning  
 Blastomycosis  
 Campylobacter infections  
 Carbon monoxide poisoning  
 CD4+ T cell count  
 Chancroid  
 Chemical poisoning, acute, as defined in the most current ATSDR CERCLA Priority List of Hazardous Substances; if terrorism is suspected, refer to section (1)(B)  
 Chlamydia trachomatis, infections  
 Creutzfeldt-Jakob disease  
 Cryptosporidiosis  
 Cyclosporidiosis  
 Ehrlichiosis, human granulocytic or monocytic  
 Encephalitis, arthropod-borne [except VEE, see section (1)(B)]  
 Escherichia coli O157:H7  
 Giardiasis  
 Gonorrhea  
 Hansen disease (leprosy)  
 Heavy metal poisoning including, but not limited to, cadmium and mercury  
 Hemolytic uremic syndrome (HUS), postdiarrhea  
 Hepatitis B, acute  
 Hepatitis B surface antigen (prenatal HBsAg) in pregnant women  
 Hepatitis C  
 Hepatitis non-A, non-B, non-C  
 Human immunodeficiency virus (HIV)- exposed newborn infant (i.e., newborn infant whose mother is infected with HIV)  
 Human immunodeficiency virus (HIV) infection, as indicated by HIV antibody testing (reactive screening test followed by a positive confirmatory test), HIV antigen testing (reactive screening test followed by a positive confirmatory test), detection of HIV nucleic acid (RNA or DNA), HIV viral culture, or other testing that indicates HIV infection



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Human immunodeficiency virus (HIV) test results (including both positive and negative results) for children less than two years of age whose mothers are infected with HIV Human immunodeficiency virus (HIV) viral load measurement (including nondetectable results)

Influenza, laboratory-confirmed

Lead (blood) level less than forty-five micrograms per deciliter (<45 :g/dl) in any person equal to or less than seventy-two (=72) months of age and any lead (blood) level in persons older than seventy-two (>72) months of age

Legionellosis

Leptospirosis

Listeria monocytogenes

Lyme disease

Malaria

Methemoglobinemia

Mumps

Mycobacterial disease other than tuberculosis (MOTT)

Nosocomial outbreaks

Occupational lung diseases including silicosis, asbestosis, byssinosis, farmer's lung and toxic organic dust syndrome

Pesticide poisoning

Psittacosis

Respiratory diseases triggered by environmental contaminants including environmentally or occupationally induced asthma and bronchitis

Rocky Mountain spotted fever

Salmonellosis

Shigellosis

Streptococcal disease, invasive, Group A

Streptococcus pneumoniae, drug resistance invasive disease

Tetanus

Toxic shock syndrome, staphylococcal or streptococcal

Trichinosis


Tuberculosis infection

Varicella deaths

Yersinia enterocolitica

(3) The occurrence of an outbreak or epidemic of any illness, disease or condition which may be of public health concern, including any illness in a food handler that is potentially transmissible through food. This also includes public health threats that could result from terrorist activities such as clusters of unusual diseases or manifestations of illness and clusters of unexplained deaths. Such incidents shall be reported to the local health authority or the Department of Health by telephone, facsimile, or other rapid communication within twenty-four (24) hours of first knowledge or suspicion.



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(4) A physician, physician's assistant, nurse, hospital, clinic, or other private or public institution providing diagnostic testing, screening or care to any person with any disease, condition or finding listed in sections (1)–(3) of this rule, or who is suspected of having any of these diseases, conditions or findings, shall make a case report to the local health authority or the Department of Health, or cause a case report to be made by their designee, within the specified time.

(A) A physician, physician's assistant, or nurse providing care in an institution to any patient with any disease, condition or finding listed in sections (1)–(3) of this rule may authorize, in writing, the administrator or designee of the institution to submit case reports on patients attended by the physician, physician's assistant, or nurse at the institution. But under no other circumstances shall the physician, physician's assistant, or nurse be relieved of this reporting responsibility.

(B) Duplicate reporting of the same case by health care providers in the same institution is not required.

(5) A case report as required in section (4) of this rule shall include the patient's name, home address with zip code, date of birth, age, sex, race, home phone number, name of disease, condition or finding diagnosed or suspected, the date of onset of the illness, name and address of the treating facility (if any) and the attending physician, any appropriate laboratory results, name and address of the reporter, treatment information for sexually transmitted diseases, and the date of report.

(A) A report of an outbreak or epidemic as required in section (3) of this rule shall include the diagnosis or principal symptoms, the approximate number of cases, the local health authority jurisdiction within which the cases occurred, the identity of any cases known to the reporter, and the name and address of the reporter.


(6) Any person in charge of a public or private school, summer camp or child or adult care facility shall report to the local health authority or the Department of Health the presence or suspected presence of any diseases or findings listed in sections (1)–(3) of this rule according to the specified time frames.

(7) All local health authorities shall forward to the Department of Health reports of all diseases or findings listed in sections (1)–(3) of this rule. All reports shall be forwarded within twenty-four (24) hours after being received, according to procedures established by the Department of Health director. Reports will be forwarded as expeditiously as possible if a terrorist event is suspected or confirmed. The local health authority shall retain from the original report any information necessary to carry out the required duties in 19 CSR 20-20.040(2) and (3).

(8) Information from patient medical records received by local public health agencies or the Department of Health in compliance with this rule is to be considered confidential records and not public records.

(9) Reporters specified in section (4) of this rule will not be held liable for reports made



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in good faith in compliance with this rule.


(10) The following material is incorporated into this rule by reference:

(A) Agency for Toxic Substances and Disease Registry (ATSDR) Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) Priority List of Hazardous Substances (<http://www.atsdr.cdc.gov:8080/97list.html>)

**AUTHORITY:** sections 192.006, RSMo Supp. 1999 and 192.020, 192.139, 210.040 and 210.050, RSMo 1994.\* This rule was previously filed as 13 CSR 50-101.020. Original rule filed July 15, 1948, effective Sept. 13, 1948. Amended: Filed Sept. 1, 1981, effective Dec. 11, 1981. Rescinded and readopted: Filed Nov. 23, 1982, effective March 11, 1983. Emergency amendment filed June 10, 1983, effective June 20, 1983, expired Sept. 10, 1983. Amended: Filed June 10, 1983, effective Sept. 11, 1983. Amended: Filed Nov. 4, 1985, effective March 24, 1986. Amended: Filed Aug. 4, 1986, effective Oct. 11, 1986. Amended: Filed June 3, 1987, effective Oct. 25, 1987. Emergency amendment filed June 16, 1989, effective June 26, 1989, expired Oct. 23, 1989. Amended: Filed July 18, 1989, effective Sept. 28, 1989. Amended: Filed Nov. 2, 1990, effective March 14, 1991. Emergency amendment filed Oct. 2, 1991, effective Oct. 12, 1991, expired Feb. 8, 1992. Amended: Filed Oct. 2, 1991, effective Feb. 6, 1992. Amended: Filed Jan. 31, 1992, effective June 25, 1992. Amended: Filed Aug. 14, 1992, effective April 8, 1993. Amended: Filed Sept. 15, 1994, effective March 30, 1995. Amended: Filed Sept. 15, 1995, effective April 30, 1996. Emergency amendment filed June 1, 2000, effective June 15, 2000, expired Dec. 11, 2000. Amended: Filed June 1, 2000, effective Nov. 30, 2000.

\*Original authority: 192.006.1, RSMo 1993, amended 1995; 192.020, RSMo 1939, amended 1945, 1951; 192.139, RSMo 1988; 210.040, RSMo 1941, amended 1993; and 210.050, RSMo 1941, amended 1993.



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### **Information Contacts**


Eddie Hedrick, BS, MT (ASCP), CIC  
Emerging Pathogens Coordinator, TB Program Supervisor  
Missouri Department of Health and Senior Services  
Jefferson City, Missouri  
573-751-6122

David Oeser  
Health Program Representative  
Missouri Department of Health and Senior Services  
Jefferson City, Missouri  
573-751-6122

Lynn Tennison, RN  
Community Health Nurse  
Missouri Department of Health and Senior Services  
Southeast District Office  
Poplar Bluff, Missouri  
573-840-9720

Diana Fortune  
Community Health Nurse  
Missouri Department of Health and Senior Services  
Southwest District Health Office  
Springfield, Missouri  
417-895-6931



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Presented by the



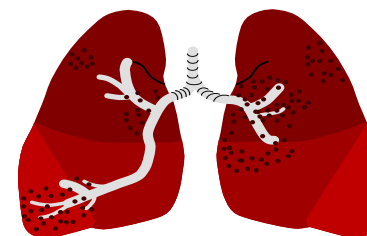
Missouri Department of

Health

And

Senior Services

## TUBERCULOSIS FACT SHEET



**FOR  
OFFICERS OF THE COURT  
AND  
TRANSPORTERS**



**Missouri Department of Health and Senior Services  
Tuberculosis Case Management Manual**





## WHAT IS TUBERCULOSIS?

Tuberculosis (TB) is a serious disease caused by a type of bacteria called mycobacterium tuberculosis. TB usually attacks the lungs, but may cause disease in any part of the body. TB disease is the leading cause of death in the world.

## IF I AM AROUND SOME ONE WITH TB, WILL I CATCH IT?

Usually, a person needs to spend a lot of time with a TB patient before they become infected. People that live in the same house or work with the person daily are the most at risk. Spending a few hours with a person is usually not enough to catch TB.

## HOW DO YOU GET TB?

TB is spread through the air from one person to another. The bacteria gets into the air when a person with TB disease of the lungs or throat coughs, sneezes, talks or sings. People nearby may breathe in these bacteria and become infected. TB is **NOT** spread by dishes, drinking glasses, clothing or touching a person with the disease.

## HOW CAN I PROTECT MYSELF?

There are special masks (N-95) that you can wear when you are around a TB patient. These masks block the germs in the air so you can't breathe them into your lungs. These masks filter the air before

you inhale it. If you are wearing your masks, the TB patient does not need to wear their masks.

## CAN A TB PATIENT SAFELY BE IN A COURTROOM?

If the TB patient is wearing a surgical mask at all times, they should not be able to transmit TB. Since TB is spread only through the air, if masks are worn – it will be enough protection.

## SHOULD THE TB PATIENT WEAR A MASK?

If a person has TB they should wear a regular surgical mask. This keeps the TB germs from entering the air. If a TB patient is wearing their mask, people around them do not need to wear the surgical mask.

## WHAT SHOULD I DO IF I AM IN THE CAR WITH A TB PATIENT?

Either you or the TB patient should wear your mask at all times. Since TB is spread only through the air, if masks are worn – it will be enough protection.

## HOW LONG IS SOMEONE WITH TB CONTAGIOUS?

A person with TB disease is contagious from the time he or she becomes ill until their sputum does not test positive. The person is not considered cured

until a full course of medications have been completed, which is usually at least 6 months.

## WHAT ACTIVITIES CAN SOMEONE WITH TB PARTICIPATE IN?

When the person is still contagious he should stay out of crowds, and wear a mask when out in public. If someone visits with a person with TB disease they should wear an appropriate mask. **Once the person is no longer contagious he may return to all normal activities.**

